

Baschurch Care Limited

# The Coach House

## Inspection report

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SY4 2EF

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

The Coach House Lodge is a residential care home providing personal care to nine people with a learning disability or autism. At the time of the inspection the home was fully occupied.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

People in the home were supported by clear and robust systems to be safe and well cared for by staff who were appropriately recruited and well trained. The care and support needs of people were well known by staff who had fully assessed any known risks and put management plans in place that were focussed on enabling the person to expand their skills and experiences.

People were supported to be engaged in a numerous and wide range of activities suited to each of them individually. Staff were committed to making sure that each person had a fulfilling life and people were protected from social isolation and encouraged to participate in and enjoy community activities. Staff were vocal in raising suggestions to help broaden people's daily life experiences.

People continued to be supported by staff who were well trained and committed to helping people. Staff were exceptionally kind and compassionate in how they supported people and were skilled in understanding people's individual preferences. People were comfortable in the company of staff, and we noted that staff were attentive and responsive when people were ill at ease or showing signs of distress.

People were supported to do things they enjoyed and each day most of the people went out from the home to engage in a wide range of activities. There was a clear and strong culture in the home of helping people to have a full varied life. People were fully involved by staff who were exceptional in how they helped people to determine and agree how their care and support needs were to be met. Staff were aided by the communication systems in place that were accessible to people receiving support.

Staff supported people to make choices and understood their individual communication styles. People were encouraged to be independent and their privacy and dignity was respected. People were supported to be involved in their local community and village life.

People were supported by staff who knew how people expressed dissatisfaction and ensured that any such expressions were acknowledged and responded to, involving advocacy services as necessary. Relatives of people advised that they understood how to make a complaint and they were confident that they would be listened to.

The registered manager and provider had robust systems in place to monitor the quality of care which were effective. The views and opinions of people staff, relatives and professionals continued to be sought out and used to help monitor and drive up the quality of the service provided. Actions plans were developed when areas of improvement were identified.

Rating at last inspection: At the last inspection the service was rated Good (report published in August 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Coach House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Coach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided. The registered manager was present during the inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

##### Before the inspection visit:

We checked the information we held about the home. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home such as what the home does well and any improvements that they plan to make.

We reviewed other information we held about the home such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example: safeguarding concerns, serious injuries and deaths that had occurred at the home. We also considered

information we had received from other sources including the public and commissioners of the service provided. We used this information to help us plan our inspection.

During the inspection:

We met with seven of the people who lived in the home. Four people spoke with us about some aspects of the home. We did this to gain people's views about the care and to check that standards of care were being met. We observed people's care to help us understand the experience of people who could not talk with us. We also spoke with three members of staff, the unit manager and the registered manager.

We looked at the care records of three people who lived at the and we looked at a staff recruitment file. We also looked at records relating to the day to day management of the home, as well as some of the checks and audits.

After the inspection:

We contacted and spoke with two relatives by phone about their experience of using the support and service that was provided to people who live in the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of harm by staff who had received training and were clear about action they would take to keep people safe.
- Staff demonstrated a clear understanding of how to recognise the signs of potential abuse and gave examples of how different people would indicate if they were upset or distressed in any way. They told us about the processes they would follow and who they would report any concerns to.
- Staff had received training about safeguarding and supporting people. Records confirmed that staff had received training and were provided with refresher/updates regularly.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed at the time of admission and then regularly reviewed and updated when changes occurred. There were clear plans in place to manage and minimise risks.
- A staff member gave an example of how they worked to support people. They spoke about how specific support was provided to divert a person when they were showing early signs of distress or discomfort. They said, "If we can give [name] a drink when we first see some telling signs of distress [detail provided] we can save them from getting upset and needing additional support. This is so much better for them."
- A staff member advised that risks were well managed and commented that the high staffing levels helped in managing risks.
- Staff were knowledgeable about the people they were supporting and knew about the agreed actions that would be used to manage and reduce risks in a consistent manner. Staff had been well trained and knew from their personal experience, and feedback from other staff, about how people wanted to be supported.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staffing levels were high enough to provide the individual support that some people needed. Some people needed individual support at times from two staff and there were enough staff available to ensure that this level of support was provided.
- New care staff received comprehensive induction and were assigned to work alongside experienced staff to provide continuity of care for people during their induction period. The induction provided helped to ensure that newer staff knew the people well.
- There were systems in place that ensured that the recruitment process was safe and robust. We found that they were being followed in the home, and this ensured that only suitable people of good character were employed. People using the service were represented on interview and selection panels by a person who receives support from one of the providers other home's which share the same site.

### Using medicines safely

- People received their medicines on time and in a safe way. We observed that staff followed the providers guidelines when administering medication, ensuring a consistent safe approach to administration of medicines.
- There were named senior staff members who took a lead on medicine management in the home. They were responsible for the ordering, storage and auditing of medicine. Safeguards were in place whereby senior staff checked each other's daily audits and records.
- There were agreed protocols in place for medicines that were required 'as needed'. The guidance available ensured that people were supported in a consistent way by staff with clear steps taken before any 'as required' medicines were administered.

### Preventing and controlling infection

- The communal areas were clean and tidy. People were supported by staff to be involved in cleaning and maintaining their own rooms in line with their abilities. Some people chose to and were encouraged to undertake tasks in the communal areas alongside staff.
- People were supported by staff to follow good practice in respect of hygiene and infection control. Each month a senior member of staff carried out an infection control audit of the month to check that infection control standards were being maintained.
- The last inspection of the premises by the food standards agency had taken place some years before the inspection and rating awarded at that time was the highest level 5.

### Learning lessons when things go wrong

- The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made reduce the risk of the incident happening again.
- The records of accidents and incidents together with the analysis were monitored through the providers quality assurance systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed at the time of admission. Each person had named keyworkers who worked with the person to identify and engage in activities in the home and in the community.
- Reviews were regularly held to see whether personal care and support being provided was still relevant to and matched people's support needs. Plans were structured with some goals identified one month at a time which were then reviewed by a keyworker and the person together.
- Care and support plans considered the interests, wishes and aspirations of people to ensure that they were focussed and individual to the person. The plans contained specific detailed information in some instances about how a person was to be supported. One relative said, "The keyworkers [names] are very approachable and ensure that [name] is out and about doing lots of things."
- People's diverse equality needs were detailed in their care plans. Care plans were clearly written and agreed with the person and were in formats that people could make full use of. In addition to written information about each person they contained photographs and illustrations that the person could identify with and follow.
- Care plans included information about how any specific support was to be provided to respect of culture, gender and religious needs. One person referred to their care plan and their wishes that were recorded and followed in respect of the gender of staff providing support to them.
- Each care plan included a range of easy read and illustrated documents for people to refer to.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff. Many of the staff had worked in the home for several years and knew the people well.
- One staff member told us, "The training here is really good. If you request any specific training or it is identified for you it is then arranged very quickly." Another staff member said, "You can refresh your memory through training on things if ever you need it."
- People were supported by staff who had achieved nationally recognised qualifications. Staff advised that they received specific training when necessary to help them meet the needs of people.
- Electronic records of staff training were available and updated when needed. The registered manager used the records to ensure that all staff were up to date with essential training and reminders are given to staff about refresher training if necessary.
- Staff said that they received good support from the registered manager and unit manager. One staff member said, "We get regular support and supervision from management. There's also observed practice competency checks which are good." Another staff member advised, "The staff meetings are recorded and I know that the minutes are accurate and really useful when you can't get in to attend a meeting."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to be involved in meal preparation. People were involved in preparing their own breakfasts and light meals.
- People who needed to have special diets for medical reasons were well supported by staff. One person needed to receive their nutrition in a specific way and staff had received initial and annual refresher training to ensure that this was well managed. People were helped to understand their own specific dietary needs and one person said, "They are good at helping me to eat properly as I have [specific dietary need]."
- The four weekly menus had been compiled and agreed between staff and people using the service. One person went through the menu for the week with the inspector and spoke about how choices had been made and about alternatives that would be offered when people did not want what had been planned. Freshly prepared meals were featured on the menu, such as homemade soups.
- People using the service were supported to be involved in some of the shopping trips to buy groceries.

Adapting service, design, decoration to meet people's needs

- The home was
- People's rooms were personalised and furnished in ways that suited them and reflected their personal interests or hobbies. Some people were clearly very pleased with how their rooms were decorated and furnished. People exercised a great deal of choice about what entertainment equipment they had in their own rooms.
- Each bedroom had en-suite shower or bath and toilet facilities. There was also a communal bathroom available. Eight of the nine bedrooms were located on the ground floor providing ease of access for people with mobility issues. People made good use of their rooms as well as the communal areas of the home.
- The home was decorated and furnished in a homely style and was light and airy. In addition to a large and comfortable dining kitchen there were two lounges and a sensory room. A large extended patio area had been created since the last inspection to enable all people using the service to access the area together for barbeques and outdoor parties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were known and well supported, with clear records and care plans in place. Each person had a separate health action plan in addition to their care plan file. The health action plans detailed how people liked to be supported, how they expressed pain and how they generally communicated with staff and others.
- Staff advised that these plans were used if anyone had an emergency hospital admission so that healthcare professionals would have as much information as possible to help support the person if they needed treatment.
- People were encouraged and supported to attend appointments with healthcare professionals. Each person's healthcare information was regularly reviewed and updated by staff in consultation with healthcare professionals.
- Relatives advised that they were confident in the ability of staff to ensure that when necessary healthcare support was sought out. One relative said, "They look after [Name] well. Taking them to the Doctor when unwell or to A & E when it has been necessary."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people were deprived of their liberty the registered manager sought support as required by law from the local authority to seek authorisation.
- Staff were very clear about upholding people's rights and abilities to make decisions. They were clear about what constituted a failure to support people to exercise their rights and make choices.
- Where people did not have capacity to make some decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the providers policies and systems supported this practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported by staff to ensure that their different care and support needs were respected and met.
- People were supported to be at ease with one another in the home and some friendships had formed amongst the group of people sharing the home. People told us that they enjoyed leisure activities together in the home and we were informed about plans for the next house party by one of the people who lived in the home.
- There were kind and supportive exchanges between staff and people using the service. People were encouraged by staff to engage in the inspection process and explain aspects of the home and to talk about routines. Staff knew people very well and people received personalised responses.
- Some people communicated without talking, and we saw that staff were familiar with how they expressed themselves. Some people were more reserved than others and chose to engage in one-to-one interactions and conversations with staff rather than with groups which was enabled by staff.
- Exchanges between staff and people in the home were respectful and relaxed; some people engaged in banter with staff which was well received by staff. A relative of one person commented positively on these exchanges, "Banter and jokes are his preferred way of interacting with people."
- People were responded to promptly and no one was left waiting for any support whenever it was indicated or noted by staff to be needed. For example, one person approached a staff member who was speaking with another indicating they wanted staff support. They were responded to promptly and staff gathered from gestures that the person wanted a specific film turned on in their room.
- One relative spoke of the support that had been provided to the person living in the home, "[Name] wouldn't do things on their own. [Name] has little interest in activities like television or board games so staff ensure he has help to do other things and be stimulated."
- All exchanges between staff and people were compassionate, kind and clear. Staff explained clearly when they were not in agreement with what people said and took time to fully explain whatever the issue was. When people repeatedly asked the same question staff were kind and patient with consistent responses made, and they treated people's questions with respect each and every time.

Supporting people to express their views and be involved in making decisions about their care

- People were supported and treated with dignity and respect; they were involved in making decisions about all aspects of their support.
- The provider ensured people were provided with regular opportunities to look at their plans and personal goals. These opportunities were provided through regular meetings with named staff, as well as full reviews with their representatives and professionals.
- People were supported by staff to make use of different methods of communication. Some people made

use of written information and other people made use of pictorial communications aids. Each person's preferred communication methods were recorded and known by staff and other people in the home. A comprehensive range of Information was provided in accessible formats.

- People received support from an independent advocacy service. The advocacy service commented they received prompt referrals and were positive about the support that people received from staff in the home. .
- People had access to an easy read pictorial document explaining what the advocacy service was and how they could request such support.

Respecting and promoting people's privacy, dignity and independence

- Each person had their own room and went on their own between bedrooms and communal areas as they pleased. People left their doors open most of the time. Staff respected their privacy, and no one entered a bedroom without knocking first and being invited in.
- Staff supported people to maintain their dignity and ensured that when people were being provided with personal support doors were closed and no one entered without first being invited in by the person who used the room.
- People were encouraged to become independent. Some people took part in cleaning routines as well as some cooking or drink preparation in line with their abilities and interests.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were encouraged and supported to exercise choice and control about their daily routines and activities. People were supported by staff who were motivated and interested in helping people to become involved in activities that they found interesting and fulfilling both within the home and in the community.
- On the day of the inspection, one person had been to a music therapy session which had been an activity suggested by staff based on the person's known interest of listening to and making music. Another person was away at a seaside venue with a member of staff (having travelled quite distance from the home) which is what they wanted to do.
- People received individual support from named keyworkers amongst the staff group. In addition to this support the keyworkers provided practical support with aspects of daily living, planning activities and undertaking reviews. The monthly goal setting sessions for each person were used to help people expand on their experiences outside the home.
- People were supported to be at the centre of the activities in the home and were encouraged to make decisions that other people living independently enjoy making. For example when one person had expressed a wish to have a pet this was considered by all living in the home. After full consideration and involvement, the person had been supported through the selection process to have a rescue pet.
- People were encouraged and supported to live a fulfilling life engaging in activities of personal interest to them. One person had expressed a lifelong wish to go on an airplane and staff were working with the person to plan this in the future. Another person was interested in attaining an improved level of fitness and they had been supported by staff in the home to join a community-based fitness group in a local gym. They participated weekly in this activity and had made friends with people who also attended for the same reasons.
- When people had only limited interest in being involved in making decisions about their care, staff used information known to help plan for people's future. Staff knew people well and encouraged them to try new activities to broaden their experience and knowledge whilst still having time to pursue any long-term interests.
- Relatives made several comments about the support people received. One relative said, "I am really satisfied with the care and support given to [Name]. He has done things he wouldn't have done without their support."
- People had been supported to become involved in village activities and the involvement had led to community involvement in the home. For example, when the home held a 'bake off' competition between people they had invited the local vicar to be the judge. People from the service had also attended events in the village and been involved in the opening of fetes and similar events. The home hired the village hall for social events and activities. One person spoke about how they had become involved in village life and liked greeting neighbours and other villagers as they went to the local post office and shops in their wheelchair.

- People were helped to make changes in how they could continue with activities of interest to them whilst avoiding previous problems such as isolation. One example was how the home had supported a person to place their computer and printer at a desk in one of the lounge areas. This had provided the person with the opportunity to work on the computer but still engage and interact with other people thus avoiding becoming isolated in their own room.

#### Improving care quality in response to complaints or concerns

- People using the service approached staff frequently with questions or requests and staff responded promptly and in full – affording people their full attention. Relatives said that staff were always very approachable.
- People said they knew what to do if they had a complaint, and the people they could speak with about this.
- In addition to several easy read and pictorial documents there was a pictorial complaints procedure available for people to access. A copy was in each person's file so that they could see it again at their regular care planning reviews.
- The provider had an established complaints procedure and process in place.
- A relative advised that had a positive experience of raising a complaint. They said, "I had experience of making a complaint and [name] (the registered manager) responded very quickly." Another relative said, "If I needed to make a complaint I know I would be listened to."

#### End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. The registered manager advised that should a need be identified then specific plans would be discussed and documented to ensure that care and support was planned in accordance with the person's support needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were established processes and procedures in place to ensure people received care and supported they wanted.
- The staff made full use of each person's weekly plan of activities to shape and determine which staff were doing specific duties each day. Each shift was led by a nominated shift leader who ensured that plans were adhered to unless people in the home wanted to engage in alternative activities. People were at the centre of the plans made each day.
- The individual plans for people were informed by the monthly care planning reviews where people and keyworkers agreed. Plans for the full house were agreed at the regular house meetings. An example of the plans made by the full house was the holiday away from the home which the majority of people had chosen to be involved in during the summer months.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the unit manager leader had established processes in place to review the quality of the service provided striving for and identifying ways of continually improving the service.
- The quality assurance audits and reviews were regularly checked and analysed with action plans developed when improvements were identified .
- The established systems in place to ensure that staff were up to date about people's care and support needs included a comprehensive handover meeting between each shift. Changes to care plans, risk assessments and activity plans were covered in each handover meeting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. The registered manager advised that the analysis would be shared with people and acted upon as needed.
- There were regular opportunities provided for people to become involved in giving feedback about the service and also to be consulted about any future developments.
- Relatives and staff knew about the rating and findings from previous inspections. The rating and a copy of



the report was on display in the home.

- Staff and people had contributed to a folder in the home that contained a wealth of information about things that they had enjoyed. Titled 'what we do well' the folder was accessible to everyone.

#### Continuous learning and improving care

- A staff member commented positively about the supportive atmosphere in the home, "It's a really good place to work; other staff are helpful and the manager is really interested in [getting] the best for people."
- The registered manager showed a keen interest in developing the service further. They were very supportive of staff undertaking further training and additional qualifications, which would then benefit people using the service.
- Staff advised of their interest in increasing opportunities for people to increase the number of religious or cultural events that were celebrated in the home such as Chinese New Year and Diwali. Staff spoke of encouraging people to think about how they could all participate in such events.

#### Working in partnership with others

- The home enjoyed a good working relationship with groups in the local community and participated in village activities. When people wanted to go out for a 'pub lunch' they used the local pub where they were well known and welcomed.
- The home used the village hall for a regular activity sessions and craft club activities. The registered manager advised that the opportunity to go out from the home with staff to engage in an activity provided more stimulus than always engaging in activities within the home.
- One person said, "I like going to 'creaky chairs' (a seated physical activities session that had been named by people using the service)." Another person referred to the craft activities that were also undertaken in the village hall.
- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- The provider held regular meetings for their registered managers from other homes to share and develop good practice.